* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

Key # 28-493-4

CERTIFICATE OF DEATH

Local No. 0187-97 State No. 28-493-4

43659

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Value
1. DECEDENT—NAME (First Middle Last)	BORIS BASARA
2. SEX	MALE
3a. TIME OF DEATH	11:10 P.
3b. DATE OF DEATH (Month Day Yr)	JANUARY 21, 1997
4. *SOCIAL SECURITY NUMBER	307-32-2330
5a. AGE—Last Birthday (Years)	84
5b. UNDER 1 YEAR (Months, Days)	
5c. UNDER 1 DAY (Hours, Minutes)	
6. DATE OF BIRTH (Mo. Day Yr)	JUNE 8, 1913
7. BIRTHPLACE (City and State or Foreign Country)	JUGOSLAVIA
8a. WAS DECEDENT A US VETERAN?	NO
8b. YEAR LAST SERVED IN US ARMED FORCES?	NONE
9a. PLACE OF DEATH (Check only one See instructions)	HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER: [ ] Nursing Home [ ] Other (Specify) [ ] Residence
9b. FACILITY NAME (If not institution, give street and number)	THE COMMUNITY HOSPITAL
9c. CITY, TOWN, OR LOCATION OF DEATH	MUNSTER
9d. COUNTY OF DEATH	LAKE
10. MARITAL STATUS (Specify)	MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name)	MILICA KECA
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	STEELWORKER RETIRED
12b. KIND OF BUSINESS/INDUSTRY	INLAND STEEL COMPANY
13a. RESIDENCE—STATE	INDIANA
13b. COUNTY	LAKE
13c. CITY TOWN OR LOCATION	MUNSTER
13d. STREET AND NUMBER	1531 POPLAR LN.
13e. ZIP CODE	46321
13f. INSIDE CITY LIMITS	[ ] No [X] Yes
13g. ON A FARM?	[X] No [ ] Yes
14. CITIZEN OF WHAT COUNTRY?	U.S.A.
15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican etc.)	[X] No [ ] Yes
16. RACE—American Indian, Black, White etc. (Specify)	WHITE
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	12
College (1-4 or 5+)	

PARENTS

Field	Value
18. FATHER'S NAME (First Middle Last)	NIKOLA BASARA
19. MOTHER'S NAME (First Middle Maiden Surname)	SAVKA RAKIC

INFORMANT

Field	Value
20a. INFORMANT'S NAME (Type/Print)	MILICA BASARA
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	1531 POPLAR LN. MUNSTER, IND.46321
20c. Relationship	WIFE

DISPOSITION

Field	Value
21a. METHOD OF DISPOSITION	[X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify) [ ] Entombment
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	JANUARY 25, 1997 CALUMET PARK CEMETERY
21c. LOCATION—City or Town, State	MERRILLVILLE, INDIANA
22a. EMBALMER'S NAME	CHARLES WELLS
22b. EMBALMER'S LICENSE NO	FD01042372
23. WAS DEATH REPORTED TO CORONER?	[X] No [ ] Yes
24a. SIGNATURE OF FUNERAL DIRECTOR	[signature]
24b. LICENSE NUMBER (of Licensee)	FD01008300
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME	LINCOLN RIDGE FUNERAL HOME 88800070 7607 W.LINCOLN HWY, CROWN POINT, IN.46307

CAUSE OF DEATH

26. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Cardiac Arrest

DUE TO (OR AS A CONSEQUENCE OF) b. Congestive Heart Failure

Conditions if any which gave rise to the immediate cause stating the underlying cause last

DUE TO (OR AS A CONSEQUENCE OF)

DUE TO (OR AS A CONSEQUENCE OF)

PART II Other significant conditions contributing to death but not previously stated in Part I

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) — no

28a. WAS AN AUTOPSY PERFORMED? (Yes or no) — no

28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)

THIS CERTIFIES THE ABOVE IS A TRUE AND ... COPY OF THE CERTIFICATE OF ... WITH THE LAKE COUNTY ... JAN 24 1997 ... HEALTH COMMISSIONER

97 JAN 27 PM 4:23 ... MARY ... CARTER ... FILED FOR RECORD ... LAKE COUNTY ... STATE OF INDIANA

CERTIFIER

29a. CERTIFIER (Check only one)

[X] CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.

[ ] HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.

[ ] CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Field	Value
29b. SIGNATURE AND TITLE OF CERTIFIER	[signature]
29c. MEDICAL LICENSE NO	31470
29d. DATE SIGNED (Month, Day, Year)	JANUARY 22, 1997
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	JOHN GEORGE, M.D. 7905 CALUMET AVENUE MUNSTER, INDIANA 46321

HEALTH OFFICER

Field	Value
31. HEALTH OFFICER'S SIGNATURE	[signature], M.D.
32. DATE FILED (Month, Day, Year)	January 24, 1997

FILED

33. MANNER OF DEATH: [ ] Natural [ ] Pending Investigation [ ] Accident [ ] Suicide [ ] Could not be Determined [ ] Homicide

34a. DATE OF INJURY (Month, Day, Year)

34b. TIME OF INJURY

34c. INJURY AT WORK? (Yes or no)

34d. DESCRIBE HOW INJURY OCCURRED

... 1997

34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)

34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

SAM ORLICH
AUDITOR LAKE COUNTY

34g. DATE PRONOUNCED DEAD (Month, Day, Year)

34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.

001045

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1